

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732133 (4)

1. Corporation Name
BUILDING THREE OF RACQUET CLUB APARTMENTS AT BON AVENTURE 6 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O CUSTOM PROPERTY MANAGEMENT 10061 SUNSET STRIP SUNRISE FL 33326 US	Mailing Address 40061 SUNSET STRIP SUNRISE FL 33326 US
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3. Date Incorporated or Qualified 03/13/1975	
4. FEI Number 59-1804274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 c/o Castle Group Suite, Apt. #, etc. 22 P.O. Box 189013 City & State 23 Plantation, FL Zip Country 24 33313	2a. Mailing Address 26 c/o Castle Group Suite, Apt. #, etc. 27 P.O. Box 189013 City & State 28 Plantation, FL Zip Country 29 33313
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9. Name and Address of Current Registered Agent

MINELLA, JIM M
100 LAKEVIEW DR.
SUITE 104
DT, LAUDERDALE, FL 33326

10. Name and Address of New Registered Agent

81 Name
Castle Property Services Group, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
4450 West Sunrise Boulevard

83
Suite C-100

84 City
Plantation **FL** **85 Zip Code**
33313

11. Pursuant to the provisions of Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gail H. Sangunett* **Gail H. Sangunett, Vice President - Administration** **4/7/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS GEIST, JANET 100 LAKEVIEW DR. #112 FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARANDA, CHARLES 100 LAKEVIEW DR APT 304 FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINELLA, JIM 100 LAKEVIEW DR. #110 FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROTMAN, MARY JANE 100 LAKEVIEW DR APT 118 FT LAUDERDALE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, FRED 100 LAKEVIEW DR #213 FT LAUDERDALE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Weston, FL	
STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Lange, David 100 Lakeview Drive, #207 Weston, FL 33326	
D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Newman, David 7408 Fairfax Drive Tamarac, FL	
Weston, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Weston, FL	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet Geist*

4/7/98 (954) 792-6000

CR2E037 (10/97)